Attorney Docket No. 4600-0119PUS1

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
Insert Title:	NOVEL PLEXIN POLYPEPTIDE, DNA ENCODING THE SAME AND USE THEREOF							
	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:							
Fill in Appropriate Information -	The specification was filed	d on <u>03/23/</u>	2006 as Uni	ted States Applic	cation Number		;	
ппопилион-	and amended on (if applicable) and/or							
For Use Without	the specification was filed				ication Number	PCT/JP2004/	015997 ;	
Specification Attached:	and was amended on (if applicable)							
Insert Priority Information (if appropriate)	I hereby state that I h claims, as amended by any I acknowledge the dt Federal Regulations, §1.56. I do not know and do our invention thereof, or p thereof or more than one an inventor's certificate isso on an application filed by prior to this application, an country foreign to the Uni except as follows. I hereby claim foreign for patent or inventor's ce inventor's certificate having Prior Foreign Application 2003-371040 (Number) 2004-229871 (Number)	amendment refer ty to disclose into o not believe the so catented or descri- ear prior to this a year prior to this used before the da me or my legal r d that no applica- ted States of Ame a priority benefits ertificate listed be g a filing date befor	red to above. formation which is same was ever knibed in any printer pplication, that the application, that the application is applicate epresentative or a tion for patent or erica prior to this under Title 35, Utow and have all	own or used in the publication in e same was not in the invention has ion in any countrassigns more that inventor's certific application by manited States Codes identified belalication on which	tentability as define United States any country before public use or on not been patenterly foreign to the Intwelve months ate on this invente or my legal rece, \$119(a)-(d) of a low any foreign a	of America before my or our sale in the United or made the United States of (six months for tion has been file) presentatives of my foreign application for determined to the Company foreign application foreign application for determined to the Company foreign application foreign application for determined to the Company foreign application foreign application foreign application for determined to the Company foreign application for determined to the Company foreign application for determined to the Company foreign application foreign application foreign application for determined to the Co	r, Code of ore my or invention ted States subject of f America r designs) led in any r assigns, lication(s) patent or	
	(Number)	(Country)		(Month)	/Day/Year Filed	i) Yes	No	
	(Number)	(Country)		Month	/Day/Year Filed	1) Yes	L] No	
	I hereby claim the benefit under Title 35, United States Code, \$119(e) of any United States provisional applications(s)							
	listed below.			• • • •	-			
nsert Provisional Application(s): if any)	(Application Number)			(Filing Date)				
	(Application Number)		(Filing Date)					
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
nsert Requested nformation if appropriate)	Country		Application	Number	Date of Filin	ng (Month/Day	/Year)	
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
it any)	(Application Number)		(Filing Date)	(Si	tatus – patented,	pending, abar	ndoned)	
	(Application Number)	<del></del>	(Filing Date)	(Si	tatus - patented,	pending, abar	ndoned)	

(Rev. 05/2004)

Page 1 of 3

GMM/clb

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## CUSTOMER NO. 02292; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 •

Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

•				<b>~</b>			
Full Name of First or Sole Inventor: Insert Name of Inventor → Insert Date This	GIVEN NAME/FAMILY NAME Hisashi KOGA	INVENTOR'S SIGNATI	We Koem	April 26.			
Document is Signed Insert Residence	Residence (City, State & Country) Kisarazu-shi, Japan	1		TZENSHIP Japan			
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o KAZUSA DNA RESEARCH INSTITUTE FOUNDATION, 6-7, Kazusakamatari 2-chome, Kisarchiba, 292-0812 JAPAN						
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME Osamu OHARA	INVENTOR'S SIGNATI	hora	DATE* April 26, 2006			
	Residence (City, State & Country) Kisarazu-shi, Japan		СІТ	TZENSHIP Japan			
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o KAZUSA DNA RESEARCH INSTITUTE FOUNDATION, 6-7, Kazusakamatari 2-chome, Kisarazu-shi, Chiba, 292-0812 JAPAN						
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME Haruhiko KOSEKI	INVENTOR'S SIGNATI	JRT e	DATE* 28 April 2006			
	Residence (City, State & Country) Yokohama-shi, Japan	' t t		TZENSHIP Japan			
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o RIKEN Yokohama Institute, 7-22, Suehiro-cho 1-chome, Tsurumi-ku, Yokohama-shi, Kanagawa 230-0045, JAPAN						
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Mitsuhiro OKADA	INVENTOR'S SIGNATU Mitsuhiro OA		DATE May 26,			
	Residence (City, State & Country) Kobe-shi, Japan		<b>C</b> IT	IZENSHIP Japan			
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o FOUNDATION FOR BIOMEDICAL RESEARCH AND INNOVATION, 2, Minatojima-Minatomachi 2- chome, Chuo-ku, Kobe-shi, Hyogo, 650-0047, JAPAN						
Full Name of Fifth Inventor, if any: sec above	GIVEN NAME/FAMILY NAME Akiyoshi UEMURA	INVENTOR'S SIGNATU	Puuna	DATE* May 22, 2006			
	Residence (City, State & Country) Kobe-shi, Japan			IZENSHIP Japan			
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o FOUNDATION FOR BIOMEDICAL RESEARCH AND INNOVATION, 2, Minatojima-Minatomachi 2- chome, Chuo-ku, Kobe-shi, Hyogo, 650-0047, JAPAN						

(Rev. 05/2004)

Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Hir <b>oKî A</b> RAKAWA	inventor's signature	DATE* May 8. 2006					
	Residence (City, State & Country) Sapporo-shi, Japan MAILING ADDRESS (Complete Street Address 2.10 Micros 8 is 2 shows Touching by Same	CITIZENSHIP Japan						
	3-10, Misono 9-jo 2-chome, Toyohira-ku, Sappor	<b></b>						
Full Name of Seventh Inventor, if any: see above	GIVEN NAME/FAMILY NAME  Mitsuhiro TADA	Mitsuhin Tad	la May 10,06					
	Residence (City, State & Country)		CITIZENSHIP					
	Sapporo-shi, Japan	Japan						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	1-37, Minami 19-jo Nishi 9-chome, Chuo-ku, Sapporo-shi, Hokkaido, 0649-0919, JAPAN							
Full Name of Eight Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
	Residence (City, State & Country)		CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Ninth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
	Residence (City, State & Country)		CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Tenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
	Residence (City, State & Country)		CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Eleventh Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
	Residence (City, State & Country)		CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Twelfth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
	Residence (City, State & Country)		CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							

<sup>\*</sup>DATE OF SIGNATURE